

## **Application Data Sheet**

### **Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: Drug Discovery Methods

Attorney Docket Number:: 265.0026 0101

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?::

Petition Type::

Licensed US Govt. Agency:: Defense Advanced Research Projects Agency

Contract or Grant Numbers:: DAAD19-01-1-0361

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Stanley  
Middle Name:: J  
Family Name:: Watowich  
Name Suffix::  
City of Residence:: Houston  
State or Province of Residence:: Texas  
Country of Residence:: US  
Street of Mailing Address:: 3778 Georgetown Street  
City of Mailing Address:: Houston  
State or Province of Mailing Address:: Texas  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 77005

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Scott  
Middle Name:: C  
Family Name:: Weaver  
Name Suffix::  
City of Residence:: Galveston  
State or Province of Residence:: Texas  
Country of Residence:: US  
Street of Mailing Address:: 3541 Foremast Drive  
City of Mailing Address:: Galveston  
State or Province of Mailing Address:: Texas

Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 77554

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name:: A  
Family Name:: Davey  
Name Suffix::  
City of Residence:: Galveston  
State or Province of Residence:: Texas  
Country of Residence:: US  
Street of Mailing Address:: 7302 Heards Lane, Apt. 718  
City of Mailing Address:: Galveston  
State or Province of Mailing Address:: Texas  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 77551

### **Correspondence Information**

Correspondence Customer Number:: 26813  
Phone Number:: (612) 305-1220  
Fax Number:: (612) 305-1228  
E-Mail Address::

### **Representative Information**

Representative Customer Number::	26813	
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### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/240,187	10/13/00
Application Number			
Application Number			

### Assignee Information

Assignee Name:: Board of Regents, The University of Texas System  
Street of Mailing Address:: 201 West 7th Street  
City of Mailing Address:: Austin  
State or Province of Mailing Address:: Texas  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 78701